



Department of Revenue

Sales and Use Tax Division

1800 Century Center Boulevard, NE, Ste. 15311

Atlanta, Georgia 30345-3205

Telephone: (404) 417-6649

Clear Form

APPLICATION FOR REGISTRATION AND CERTIFICATE OF EXEMPTION NUMBER FOR LICENSED NURSING HOMES, LICENSED IN-PATIENT HOSPICES, GENERAL HOSPITALS, MENTAL HOSPITALS

EVERY QUESTION MUST BE ANSWERED IN FULL (Please print or type)

(NAME OF INSTITUTION) (PHONE NUMBER)

(MAILING ADDRESS)

(LOCATION ADDRESS)

Type of Ownership: ☐ Individual ☐ Corporation ☐ Partnership
☐ Authority ☐ Other (Explain) _____

Date on which the institution was first operated: _____

Type of Operation: ☐ Licensed Nonprofit Nursing Home ☐ Licensed Nonprofit Inpatient Hospice ☐ Licensed Nonprofit General Hospital ☐ Licensed Nonprofit Mental Hospital

Do you make sales to persons other than patients who are confined at such institution? ☐ Yes. ☐ No. If yes, indicate below the tangible personal property sold. (For example: meals, drugs, hospital supplies, flowers, gifts, periodicals, etc.)

(TANGIBLE PERSONAL PROPERTY SOLD)

Are you now registered as a dealer with this Division? ☐ Yes. ☐ No. _____
(GA SALES/USE TAX CERTIFICATE OF REGISTRATION NO.)

If no, have you filed an application? ☐ Yes. ☐ No.

(OWNER OF EQUIPMENT USED IN THE OPERATION OF THIS INSTITUTION)

Is this institution licensed as a nonprofit entity by the Georgia Department of Human Resources? ☐ Yes. ☐ No. If yes, attach a copy of the institution's license and "Policy of Admission" as adopted by your Board of Directors or Governors.

Is this institution operating under a nonprofit charter approved by the Internal Revenue Service? ☐ Yes. ☐ No. If yes, attach a copy of the Internal Revenue Service's letter of determination.

I certify that this application has been examined by me and to the best of my knowledge is true and correct.

(TITLE)

(MM/DD/YY)

(SIGNATURE AND TITLE)

(DATE SIGNED)

APPROVED BY:

DEPARTMENT OF REVENUE

(DATE APPROVED)